

2006 Participant Submitted Questions and Responses
From the Every Woman Matters Program Provider Training

Session: “Metabolic Syndrome: Treatment with Lifestyle Modification”
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1. What percentage of compliance do you see when advising and educating your patients?

That question is not answerable across the whole range of advice and counseling. However, we see 70% of the people who enroll in our weight management program complete at least 4 months of classes and lose an average of almost 50 pounds.

2. At what age should we check for dyslipidemia?

In general it is wise to check as the child moves into adulthood; around age 20. However, if there is a family history of significant dyslipidemia or premature cardiovascular disease then screening for a particular finding such as familial hypercholesterolemia can begin at 12 or 13 or earlier if the family has truly severe problems.

3. I've heard pros and cons re: ASA being helpful in reducing the risks of heart disease.

There is stronger data for its benefits in men than in woman. There is ongoing research attempting to identify the magnitude of the effects on men and women and if it is possible to identify those in whom to aspirin is truly risk protective. For men in middle age, it seems particularly beneficial.

4. We all know about the negative things, i.e.: smoking, overeating, physical inactivity, etc. That doesn't seem to motivate people. What more positive motivations can we use?

It seems we have framed our arguments in the negative. As we age, there is such outright joy in maintaining our strength and ability to hike, walk, etc. Fruits and vegetables and the avoidance of higher fat foods allow us to sleep better and to feel more like participating in those activities.

5. I have lost weight using CLA (conjugated linoleic acid) –30 pounds. What are your thoughts on its use?

Well CLA may be part of your diet, but in the end most of your weight loss came from a reduction in food calories or an increase in exercise. I'm not aware that there is hard data to support its use in weight loss...but, hey, it is working for you!

6. Would eating fiber cereal work just as well as Metamucil?

Part of that depends on what you want to accomplish. If it is stool normalization then both soluble and insoluble fiber will work but if it is cholesterol lowering, then tablespoon for tablespoon Benefiber (guar gum) would be best followed by Metamucil and then cereal.

7. Please explain minimally invasive bariatric surgery as a treatment for obesity.

Minimally invasive surgery refers to surgery done laproscopically (through long thin metal sticks with a camera and light source). Any of the major weight loss surgeries can be done by opening the abdomen or by this less invasive method.

8. Do you think homocysteine levels are worth monitoring and treating?

Homocysteine is looking more and more like a byproduct of other issues. While we know that vitamins such as Folate can potentially help lower this level we are not convinced that it really improves risks. Until we have better data, I don't pay much attention to it; but I do encourage fruit and vegetable intake for other reasons!

9. Who do you check CRP's on?

A recent article in the Archives of Internal Medicine reveals that CRPs (C reactive proteins) don't add very much to the classical risk factors for heart attacks and strokes. In the absence of a way to specifically target CRP I seldom get one. If everything else is good and the CRP is elevated it can mean there is infection or inflammation in the body; but unless you find an infection the same activities and medications (statins, ACE inhibitors, Aspirin) that are generally good for you help to lower the CRP.

10. Do you recommend nutrition supplements i.e.: Foltex to your patients at risk for heart disease?

I recommend a diet strong in real nutrition and full of fruits and vegetables. I often recommend a multiple vitamin too, just in case. But in a major study multivitamins were not found to lower rates of heart disease or cancer in tens of thousands of patients studied. Why is it so hard for us to believe in real whole foods?

11. Why is the use of meal replacements encouraged rather than promoting eating healthier meals?

That question is loaded. The use of healthy meal replacements is encouraged over the use of unhealthy meal replacements such as drive through burgers and fries and fried dinners from fish and chicken establishments. The careful preparation and cooking of real food always wins in a health contest; but a low fat balanced protein and carb entrée or shake for lunch at 250-300 calories beats 600-800 calories of fat any day.

12. At what point do you begin pharmacotherapy with obesity treatment?

I tend to use pharmacotherapy when I don't think it will interfere with following behavioral and lifestyle advice and might add another 6-8% weight loss through decreased fat absorption or early satiety (fullness). It is not recommended that drugs be used for BMIs under 27. I also will use pharmacotherapy for patients who have lost weight and need a little more help keeping it off.

13. What is the most effective and safest obesity drug you recommend?

Xenical (orlistat) is safe but can lead to occasional involuntary passage of oil. Meridia (Sibutramine) can increase the feeling of fullness but occasionally has the effect of raising the blood pressure. A new class of drug called endocannabinoid blockers (rimonabant) may be approved soon by the FDA and while weight loss is not expected to be a lot more than with other drugs, it may have beneficial effects on the lipids, and be neutral on the blood pressure.

14. How early in childhood do you start if children are obese?

I'm not sure if you mean behavioral treatment or drugs or surgery. I think it is important as soon as you identify a pattern of excessive weight gain in a child to talk with the parents about ways to increase the child's activity and perhaps the family's activity. It is also at this time that you can make suggestions for providing lower calorie and higher nutritional value foods for the child's meals and snacks. Unfortunately, we wait until obesity is established and then are afraid to deal with the child's weight for fear of lowering their self esteem. My advice is start early with broad total family healthy food and exercise habits.

15. How much effect does PCOS have on obesity and can it be reversed?

Many believe that PCOS is in part a response to central weight gain. It can clearly improve with weight loss and increased exercise.

16. Do you check insulin regularly or is HgA1C enough?

Some people check insulin levels. I look for metabolic syndrome and watch how the sugars, triglycerides and weight are doing. If the sugars are rising and so are the triglycerides as weight is gained I don't need insulin levels to know that the prediabetic process is underway.

17. What are "normal" lipid values in children?

That is a bit tricky, because cholesterol can shift as children go through puberty.

18. What is the benefit of using virgin coconut oil and coconut milk for weight loss?

I had a female body builder swear to me that the use of coconut oil was helping her with her skin, and her weight maintenance. I did a little searching and found some articles about its benefits, but these were not carefully researched studies.

19. Why not promote flax seed oil rather or as an alternative to fish oil for vegetarians?

There is nothing wrong with flax seed oil. The primary reason we promote fish oil is that it is made up of EPA and DHA that can be directly absorbed and used in the blood and heart muscle. Plant based omega 3s much undergo conversion to the active form of omega 3 and may not as easily deliver omega three to the body. Having said that, flax seeds ground or flax seed oil are not bad supplements.

20. How about grape juice as an alternative to alcohol?

The alcohol itself is an active ingredient in helping to raise HDL and in moderate amount lower inflammation. Grape juice has some flavinoids which are believed to be beneficial, but the alcohol itself seems to have the greatest effect at raising HDL (good cholesterol).

21. Is neuropathy below the knees an indication of metabolic syndrome?

It is more an indication of diabetes. Of course, if one has metabolic syndrome they are already developing some of the biochemical changes that may often be responsible for neuropathy.

22. Once a person has diabetes, can central body weight loss help reduce diabetes?

Absolutely. When central weight is lost there are a number of hormones changes and enzymes that quit being produced or are produced in smaller quantity. Many of these substances interfere with the body's own ability to use insulin and can cause diabetes or make it worse. Many patients after weight loss surgery are literally "cured" of their adult diabetes.

23. Is the Weight Guidance Sheet slide (page 19. slide 1) available for use?

Dr. Anderson is perfectly willing for folks to copy it or use it as they see fit. He produced it to be used!

***Thank you to Dr. Early for providing us his time and expertise
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